

MORNING BUSINESS

Mr. REID. Mr. President, I have spoken to both the majority and the Republican leader and told them that we were going to go into a period for morning business for the rest of the evening, and they both are aware of what we were going to do. Therefore, I ask unanimous consent that the Senate now proceed to a period for morning business, with Senators permitted to speak therein for a period up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER OF BUSINESS

Mr. REID. Mr. President, for the information of all Members, I have spoken with the two leaders, and what we would like to do this evening is propound a unanimous consent request that we be in morning business in the morning from 9:30 until 10:30, with the time from 10:30 until 11 equally divided with the proponents and opponents of the motion to invoke cloture.

We, of course, will be on cloture whether there is an agreement or not. That is the rule. So that is what I am going to propose later on. As I have said, I have explained that to both leaders, and I think that is what they want.

Of course, Mr. President, there are no more rollcall votes today.

CRITICAL ISSUES

Ms. STABENOW. Mr. President, I rise to ask our colleagues to move beyond the obstructionist position, to work together to get the supplemental passed so we can move on to other critical issues that affect our families. This is one. It is important. There are important pieces in this bill that deal with our issues of homeland security and certainly, representing the great State of Michigan, issues of border security are critical. We are very concerned about making sure we have the resources in place. There are other important resources in this supplemental bill.

However, I am equally concerned about the ability to move beyond this, to get this completed on a bipartisan basis and move beyond this to the rest of the agenda that has to happen.

The Presiding Officer has spoken eloquently about the sense of urgency families feel about medicine and the inability to afford critical lifesaving medicine, whether you have cancer, a heart condition, high blood pressure, or a disabled child and you need to be able to provide that child with medicine that is needed.

We have the ability and, within our budget resolution, the capacity to pass a Medicare prescription drug benefit that will update Medicare and make sure there is a voluntary universal plan in place for those who need it, to be able to afford their prescription drugs.

We also have the ability to lower prices across the board. Our side of the aisle has put forward a strategy to provide a way to lower prices for our business community, large and small. I have seen the business communities come forward, small businesses that are losing the ability to provide health care for their employees because premiums are going up 30 and 40 percent this year.

The big three automakers shared some statistics with me. I came from a weekend-long event on Mackinaw Island, which I invite the Presiding Officer and my colleagues to come and enjoy during the beautiful summer months. There is a wonderful gathering of business and political leaders and university educators who come together once a year to discuss challenges facing the economy in southeastern Michigan and across Michigan and the business concerns. High on their list, if not at the very top, was the rising costs of health care, predominantly due to the explosion of the prices on prescription drugs.

We heard a presentation from DaimlerChrysler that indicated on a SUV today priced at \$18,600 the cost of employee health care is \$1,300, and that the fastest growing part of that is prescription drug costs. We not only need to be providing Medicare prescription drug coverage for seniors and for the disabled, but we need to close the loopholes which allow the companies to stop compensation through generics that go on to market or are supposed to go on to market once the patents run out where the formula is available to other countries to use and to produce prescription drugs at a lower cost.

We also need to open our borders to Canada. Two weeks ago, we passed fast-track trade authority, but the only thing we could not trade between the United States and Canada is prescription drugs, which makes absolutely no sense. We know, and we will be demonstrating next week in bus trips from a number of States across to Canada, that you can lower your prices at least in half.

I am pleased to have joined with Senator DORGAN from North Dakota, Senator JEFFORDS from Vermont, Senator WELLSTONE from Minnesota, and many others, in an effort to open the border so we can have that competition, and our pharmacists, our hospitals, our businesses can have business relationships with the Canadians, bringing back American made drugs sold to them at lower prices. We have that bill. If we had the opportunity, we could complete the supplemental and bring up that bill and lower prices immediately.

We have been able to put forward a bill that caps the amount the taxpayers subsidize in excessive advertising costs. The drug companies are spending 2.5 times more to advertise a drug than to create a new lifesaving drug, and we have a bill—and the Pre-

siding Officer has joined in the effort—to cap the amount that can be written off on advertising and marketing costs to the same level that research costs are rip-offs on taxes, so taxpayers are subsidizing no more for advertising and marketing sales than we do for research. That would cut costs immediately.

We also have a bill to allow more flexibility for States using innovative techniques as in Maine and Vermont, where they are being sued by the drug companies for coming up with creative ways to lower prices.

We have an agenda to lower prices. We have an agenda that includes a comprehensive, voluntary, Medicare prescription drug benefit. If we can get beyond the current stalemate, we will have the time and opportunity to bring forward these issues that directly affect every single American—every business, every farmer, every worker, every family, every senior. It is an issue whose time has come.

People in our States are saying it is time to act. It is past time to act. We have been talking about this. You would think, given all the time we spent talking about it, on both sides of the aisle, we could have funded a prescription drug benefit.

The reality is we need to act. We need to do it now. I am deeply concerned that we are seeing, day after day, stalemate on moving forward on critical issues such as the supplemental that are so important to us and that are blocking us.

Mr. REID. Will the Senator yield for a question?

Ms. STABENOW. I am happy to yield to the distinguished Senator.

Mr. REID. I say to the Senator from Michigan how much I appreciate her leadership on this issue. Yesterday the Presiding Officer gave a speech, right close to where the Senator was standing. It was one of the most significant speeches I have heard since I have been here. He illustrated, in the mind of anyone who was listening, why we cannot wait.

I say to my friend from Michigan, I was on an elected board of trustees from a hospital district in 1966 when Medicare came into being. Prior to Medicare coming into being, 40 percent of the seniors who came into our hospital—it was a county hospital—had no health insurance. We were brutal. That is just the way it was all over America. We would go after whoever brought their mother or father, son or daughter in the hospital. We would go after them for their wages; we would attach their homes. That was the way it was all over America.

Medicare is imperfect, but now virtually every senior citizen who comes into a hospital has some health insurance.

In 1966, I think the Senator would agree, there really was not a paramount need for a health insurance plan that covered seniors for prescription drugs. That was not really a part of the